



## HEALTH CERTIFICATE TO EXPORT HONEYBEE QUEENS Apis Mellifera FROM THE UNITED STATES OF AMERICA-CONTINENTAL TO CANADA

I. Origin
Name and address of exporter:
Name and address of producing beekeeper:
Place of origin of the honeybee queens:
II. Destination
Name and address of consignee:
III. Description:
Number of queens (with 2-6 attendants/queen) shipped (total)  Number of queen cages/box  Type of feed provided (if any) (if honey, irradiation certificate must accompany shipment)
IV. CERTIFICATION STATEMENTS
1. Based on current maps and surveillance programs for Africanized bees, the honeybee queens originate from an apiary free of genes of the sub-Saharan type of the Africanized honeybee, <i>Apis mellifera scutellata</i> . Africanized honeybees have not, in the past one year, been detected within 100 miles of the apiaries of queens' origin. A certificate from an authority of the State Department of Agriculture is included in the export documentation.
2. The Mitochondrial Polymerase Chain Reaction-DNA (PCR-DNA) testing did not show signs of <i>Apis mellifera scutellata</i> in the progeny of the breeder queens tested according to the following protocol:
Mitochondrial (PCR-DNA) testing was done on random samples of worker bees which represented the progeny of the selected breeder queens. The testing was conducted within 180 days prior to export. One worker bee was collected from each breeder queen. Samples were pooled and run as a single sample if appropriate for the technique. The testing was carried out by an accredited or state laboratory. Date of testing and laboratory name:

3. The United States of America or the State of origin have been designated by Canada as free from reports

of the Asian honey bee (Apis cerana) and Asian honey bee hybrids.





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4.	All queens originate from colonies that do not have visible clinical evidence of American foulbrood (AFB), European foulbrood (EFB) or Varroa mites. Apiaries were inspected within 90 days prior to export on (date) according to the following protocol: [Five percent of the colonies] or [A minimum of 25 bee colonies] (whichever is larger – please specify) were randomly selected and examined from each of the queen production and mating apiaries from where queens are being exported				
5.	On (date) a visual examination of the brood for symptoms of AFB or EF was done. Bee colonies used in queen production and mating apiaries were free from visible clinical evidence of AFB or EFB. At least three brood frames per hive were inspected.				
6.	Colonies were assessed for varroa mites by alcohol washing of bee samples (200-300 bees/colony). To sample of bees was placed in a basket, immersed in a solution of alcohol and the basket was shaken for period of at least two (2) minutes. Varroa [was not detected]* or [was under 1% or 1 mite per 100 bees tested] or [was over 1% and the bee colonies in the queen rearing apiaries were treated with				
7.	On (date) officials of the Federal or State apiary office inspected all packing and shipping location(s) on the apiary premises from which queen bees are derived for small hive beetle (SHB) with negative results within ninety (90) days prior to export. The packing and shipping location(s) are indoors and are inaccessible to entry by SHB at any time during packing and shipping.				
8. Following due inquiry, the exporter has provided assurances to the Federal or State apiary inspect they have knowledge of and will comply with the following requirements:					
	a) All packing of queens and attendants into in the inspected area (s).	en into shipping boxes for export must be done	Э		
	by hand and placed in new queen cages with than 2 mm are no wider than 1 mm. Worker in individual queen cages with the queen and and attendants must be stored in the until shipping.				
9. The exporter/transporter has been advised that food supplied to the bees during transit does not contain honey or contains honey which has been irradiated to approved levels.					
V. IS	ISSUING OFFICIAL				
Nam	me:	Address: _			
Signature:		Date:			
VI. I	ENDORSING APHIS OFFICIAL				
Nam	me:	Address: _			
Sign	nature:	Date: _			





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